

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10796866

FILING DATE

3-9-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	9					
11	/					
12	10					
13	10					
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50						
TOTAL IND.	1					
TOTAL DEP.	39	↔	↔	↔		
TOTAL CLAIMS	40	██████	██████	██████	██████	██████

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████	██████	██████	██████	██████